

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890518

FILING DATE

APPLICANT(S)

CLAIMS	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	0					
5	1	(1)				
6	1	(1)				
7	1	(1)				
8	1	(1)				
9	1	(1)				
10	1	(1)				
11						
12	1					
13	2					
14	0					
15	1					
16	1	2				
17						
18	0	(1)				
19	0	(1)				
20	1	(1)				
21	1	(1)				
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1		*			
29	1		*			
30	1					
31						
32						
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	13	↓	↓	↓	↓	
TOTAL DEP.	1	↓	↓	↓	↓	
TOTAL CLAIMS	13	↓	↓	↓	↓	
TOTAL IND.	13	↓	↓	↓	↓	
TOTAL DEP.	1	↓	↓	↓	↓	
TOTAL CLAIMS	13	↓	↓	↓	↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS